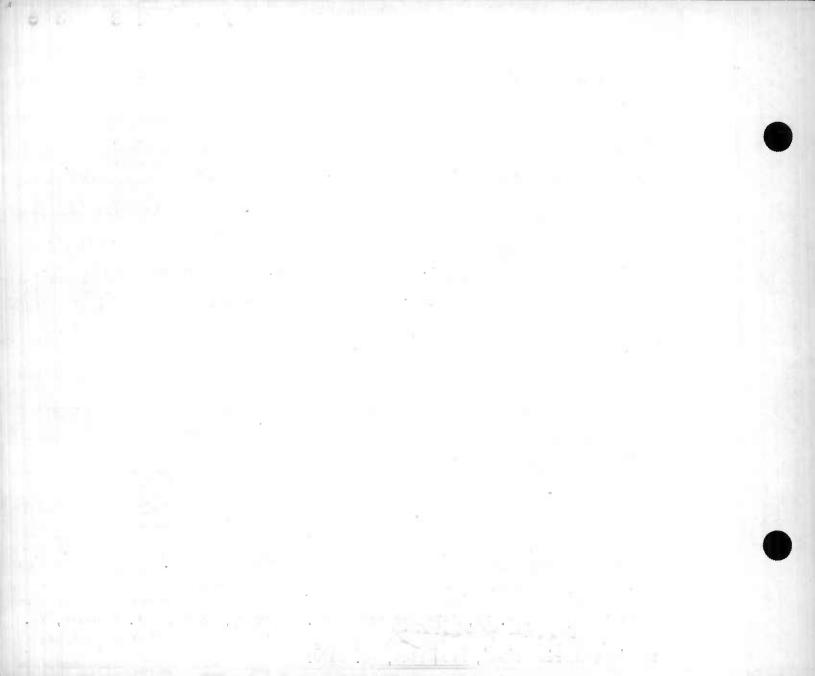
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y y	(CNV)	/YI. D.		SIGNED 1	179
NAME Robert J. Thor	mas, M.D.				(
	23t. NAME OF CEMETERY				
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			D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE	
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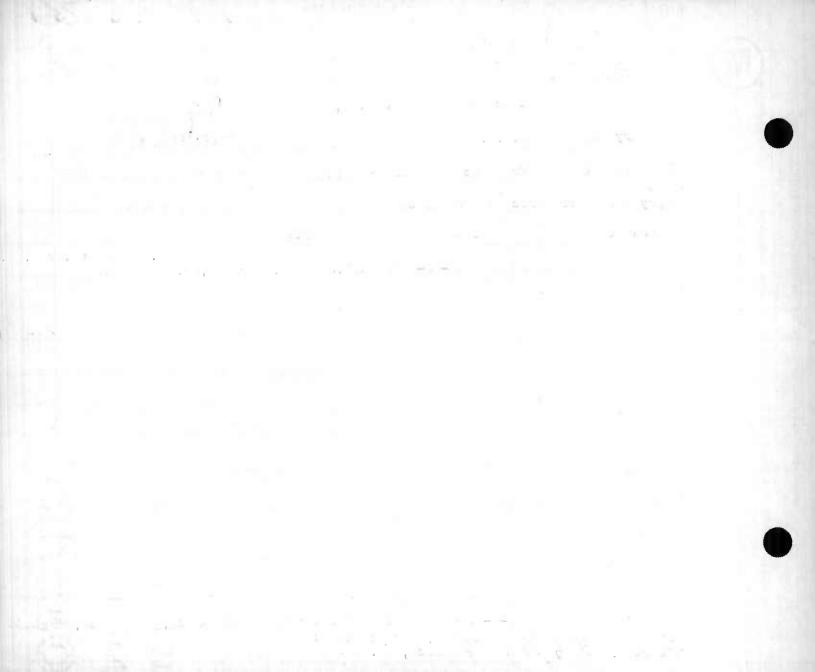
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FOR



	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 mound by the haspital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in thy the turneral attends. In
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18 CAUSE OF DEATH Enter only one couse per line is in the and its PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	exomine	14 FA	E 10 E 7	S	Blacks	ston (d	ed.) _ r	FIRST.	Ro	SS	Blac	kst	on
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospital attended the deceased from Now the deceased olive all above, (I) and did idial attended the deceased from Degree 22b. SIGNATURE DEGREE 22c. DAJE SIGNER	other tr	NOI	gave rise to cause (a), s underlying c	immediate stating the ause last	DUE TO, OR AS A CON	useouence o		TO THE TERMI	NAL DISEASE OR CO	ONDITION (SIVEN IN P	10°,	19
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this haspital attended the deceased from	3 1	TIFICAT	19a DATE OF OP	ERATION	196. CONDITION FOR V	WHICH OPERA	TION WAS PERFO	RMED		IN CER	TIFYING C	FINDING AUSES (GS USE OF DEA NO
27a. I certify that (I) (this hospital attended the deceased from			OR CONTRIBUTING	CAUSE OF DE	HOUR A.M. MONT P.M. 21e. PLACE OF INJURY	1	9 21f. LOCATIO	10.7					1
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	76	24. F	BUT	OR .	11/30/79			0				,	MD
Burial 11/30/79 Fairview Cemetery Frederick Fred. M 1.76 F.D. Stauffer, Rt. 10, Box 66, Fred., MD 1.76 DEC 4 1979	4	7.	Stauf	fer, F	Rt.10, Box	66, Fr	ed., MD	D	EU 4 137	3			

		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b H
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	3 SE	x Male	4 RACE	5. DATE OF BIRTH MONTH 11 18 1892	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOU
of once.	70. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTR	*** *** *** *** *** *** *** *** *** **	9 BALTIMORE CITY OR COU	NTY OF DEATH
O Catified	10.0	Trederick	(IF NOT IN SUCH FACILITY, GIVE STR	sing home or other institution met address) nsville Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Pollution Co	126 KIND OF BUSING LIFES INDUSTRY ONTO 1 Ft.
S P	13a.	laryland Fred	or other institution, give residence being the state of t	DWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5953 Barton	nsville Ro
exomine OC	14. F	Emory Co	olumbus Bowi	e (dec.) Mary	E. Thor	mas Bowi
medicol		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS	
ofic eve			inly one cause per line for (a), (b), ED BY (TE CAUSE (a)	falle alline	in Drastate	3 5-10-4
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Frederick, Md. 21701

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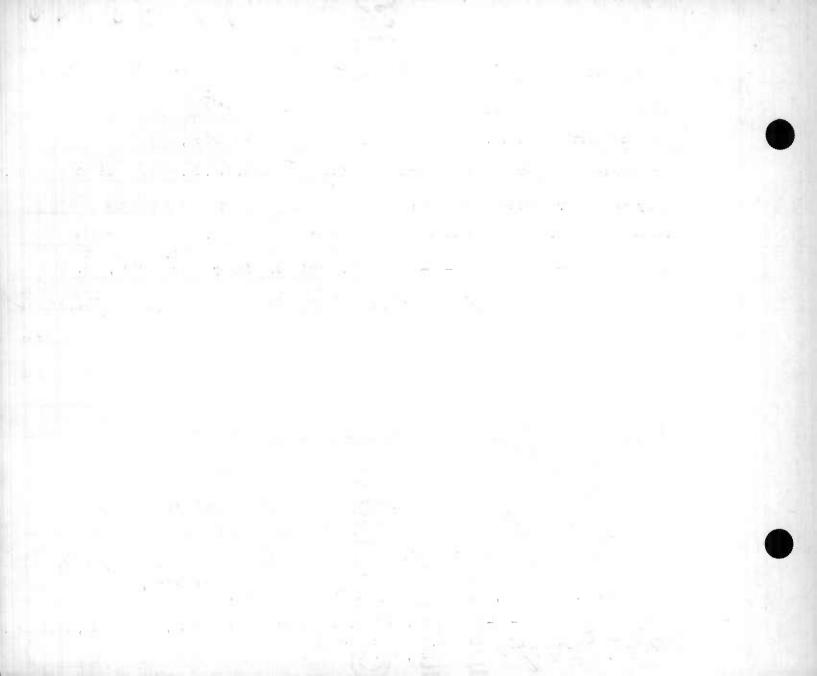
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/7B



	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2814	1
ertor, pogra	3 SE	CEASED NAME PRIST LOOK	Vd Whit	Wyand	5 DATE C	Butner Brith 6, DAY 898	20. DATE OF DEATH MONTH 1 - 6. AGE LIN YEARS LAST BIRTHDAY) 81 YR:	DAY YEAR 76 HOUR	PM
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		AS DECEASED EVER IN U.S. AR	MED FORCES?	Burtne 166 SOCIAL SECUI 213-24-83	RITY NO	Katie II INFORMANT Carroll Lloyd	ADDRIZO7	Bowers Road erick, Md. 21	701
requires that the death certificate be executed en signed by the attending physician and camp. Then please remove carbon papers. Pages 1 an or to burial, cremation, or removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	SON 6-2 RAS A CONSEQUE	NCE OF	the heart	charace with	APPROXIMATE INTER- BETWEEN ONSET AND I C mo-	
low son	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEAT YES NO	H?
4G PHYSICIAN: The offending physician ter this certificate has the buriol stransit phand Mental Hygien riked or Item 18 shown	MEDICAL	OR CONTRIBUTING CAUSE OF DE IN EITHER, NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED WHILE ATWORK NOTIWHILE ATWORK	P.J	Μ,	19	211 LOCATION STREET	CITY OR TOWN	COUNTY STA	ATE
TO HOSPITAL CATTENDING CONTROLL CONTROLL OF TO FUNERAL DIRECTOR At should be detached for use ownth the State Dept of Health IMPORTANT: If them 21 is mo		270 I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did not see that the see t	ot) view the body	ofter death.		DEGREE ATTENDING PHYSICIAN 770 ADDRESS	depth occurred on the date and I	271. DATE SIGNED	79
Pb- 10 HOSS	(UURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE	23c N		emetery or crematory in Cemetery		Frederick,	
DHMH-16 20M (VRA 15, 4) 7/7B	S	mith, Padeley, 06 East Church	Keeney,	Bas Tord	Fine:	ral Home	e recip by registrar 739 reg	ISTRAR'S SIGNATURE	rody



	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE / 7 2 0 1
-	1,	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
(BAR)		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
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ròu V	3. SE:		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2
ctor.		Male	White	Jan. 9.1896	83 YRS. 10 2 HOURS
Page direct	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUNTY OF DEATH
death.	9	Waryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Frederick Co
d at thin		TY OR TOWN OF DEATH	11, NAME OF HOSPITAL NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINES
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Pages	16a V	VAS DECEASED EVER IN U.S. AF	TAMAR OR DATECT		ADDRESS
on on s. Page		YES, NO ORTHORNOWN) (IF YES, GIV	219-36-	-0183 Ruth E. Co	ndon, Same As #13
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DHMH-16 25M (VRA 15, 4) 1/79

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		CEASED NAME OR PRINT)	First Clythni		Violet		LASHMUTT	2n DATE OF DEATH Novembe		1979	2h. HOUR 11:30P _M
	3 SE)	Female	4 F	RACE Whi	te	S DATE C		6 AGE (IN YEARS LAST BIRT		# UNDER I YEAR	# UNDER 24 HRS HOURS MIN
5	Ma	RTHPLACE (STATE OR FOUNTRY) Rryland			U.S.A.	WIDOWE		9 BALTIMORECITY OF Freder			MD.
	Fı	TY OR TOWN OF DEA	1	LU3° Lin	nden Aven	U.C.	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O			F BUSINESS OR
5	USUA 13R S	AL RESIDENCE (IF NUR.	ING HOME OR OTH 13L COUNTY Frede1		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13a STREET ADDRESS 103 Linden	Aven	ue	
H	14 FA	THER'S NAME William	MIDO	DLE	Hahn		15. MOTHER'S MAIDEN NAM	WE		Geisi	nger
1		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO	(IF YES, GIVE WA		14 SOCIAL SECU 214-10-4		17 INFORMANT Mrs. Claudett			nden Ave	
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		27% SIGNATURE	+ NY	van	tim	3	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF IAN []	22c. DATE	1-79
		Dr. Rex			.D.		210 North M	arket Stree	t, Fr	ederick	, Md. 2170

236. BURIAL CREMATION, REMOVAL 1386. DATE 136. NAME OF CEMETERY OR CREMATORY 136 LOCATION CHOOSE 150 PROCESS BURIAL CREMATION, REMOVAL 12, 1979 Mount Olivet Cemetery Frederick, Frederick, Md. 12 Funeral Director Frederick, Md. 21701

236. BURIAL CREMATION, REMOVAL 1386. DATE RECORD BY REGISTRAR'S SIGNATURE SMARTH, Fadeley, Keeney, Bassleard Funeral Home 106 East Church St., Frederick, Md. 21701



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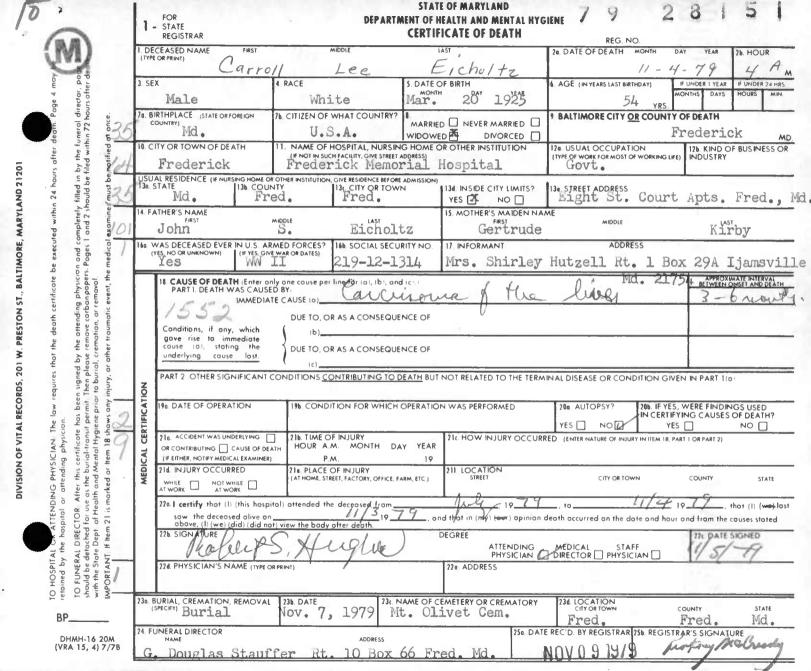
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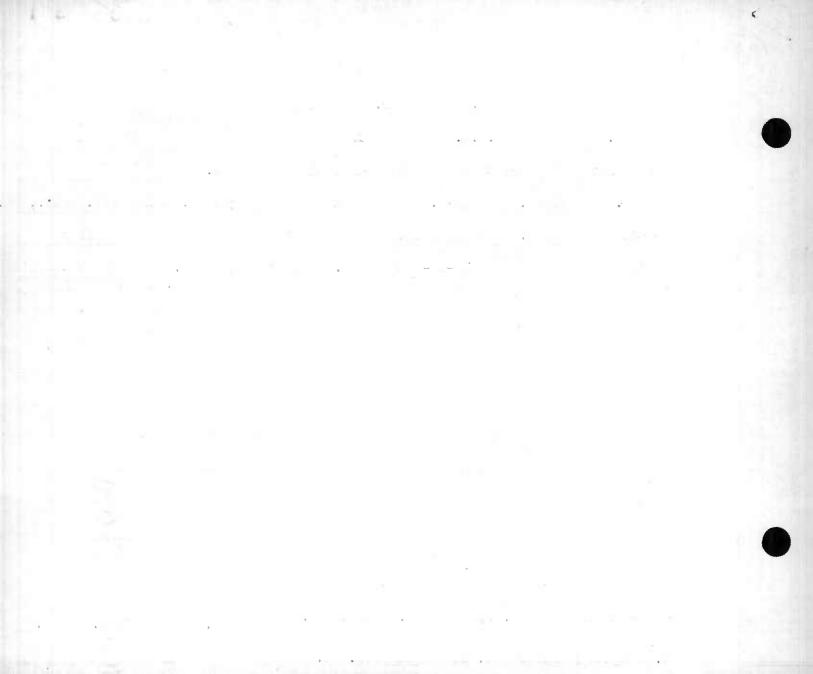
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ACTUAL SIGNATURE _	d from: Note	rol couses X	Accident ,	Suicide	Homicide	Undetermined monne			-79
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	MAJE SIRTHPLACE (ST OREIGN COUNTRY) THY OR TOWN OF ALRESIDENCE (STATE RODERT ATHER'S NAME RODERT ATHER'S NAME RODERT ATHER'S NAME RODERT THE STATE ATHER'S NAME RODERT ATHER'S NAME RODERT ATHER'S NAME RODERT ATHER'S NAME RODERT THE STATE Candition gave ris cause (o) lying cau PART 2 OTHER SIG 19.0. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 220. I certif death resulte ACTUAL SIGNATURE ACTUAL SIGNATURE	ROBER X 4. RACE Male White BIRTHPLACE (STATE OR OREIGN COUNTRY) Md. CITY OR TOWN OF DEATH Frederick AL RESIDENCE (IF IN NURSING HOME: TATHER'S NAME ROBERT WAS DECEASED EVER IN U. S. AR YES, NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS 19. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I took chapted death resulted fram: Natural ACTUAL SIGNATURE	ROBERT ROBERT ROBERT RACE White Male White ROBERT ARCE S DATE OF BIRTH MONTH DAY Dec. 9, 1 Th. CITIZEN OF WHO DREIGN COUNTRY Md. U.S.A IITY OR TOWN OF DEATH Frederick AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GN STATE ROBERT WAS DECEASED EVER IN U.S. ARMED FORCES? VES. NO. OR UNKNOWN) WAS DECEASED EVER IN U.S. ARMED FORCES? VES. NO. OR UNKNOWN) IMMEDIATE CAUSE BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. CC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH II 19a. DATE OF OPERATION 19b. CONDIT 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH AT WORK 21b. TIME OF HOUR A.M. CONTRIBUTING CAUSE OF DEATH AT WORK 21c. I certify that I took choose of the remains desc death resulted from: Natural causes ACTUAL SIGNATURE	ROBERT Hanson I. RACE White Dec. 9, 1908 70 SIRTHPLACE (STATE OR OREGIN COUNTRY) M. U.S.A. IITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOMEORY OF THE RESIDENCE OF WHAT COUNTRY? III. NAME OF HOSPITAL, NURSING HOMEORY OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMINISTRY M. WISHARD HOSPITAL, NURSING HOMEORY OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMINISTRY M. Trederick From NURSING HOMEORY OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMINISTRY MAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES. WAS DECEASED EVER IN U.S. ARMED FORCES. WAS DECEASED EVER IN U.S. ARMED FOR IN U.S. ARMED FOR IN U.S. ARMED FO	ROBERT Hanson EC RACE S. DATE OF BIRTH S. AGE (IN YEARS IF UNDER Manual Manual	ROBERT Hanson ECKER RACE	ROBERT Hanson	ROBERT Hanson	ROBERT Hanson

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OR he he	If He		22b. SIGNATURE	1.0.0	01	()	EGREE ATTENDING	MEDICAL STAF	F	22c. DATE SIC	PAL
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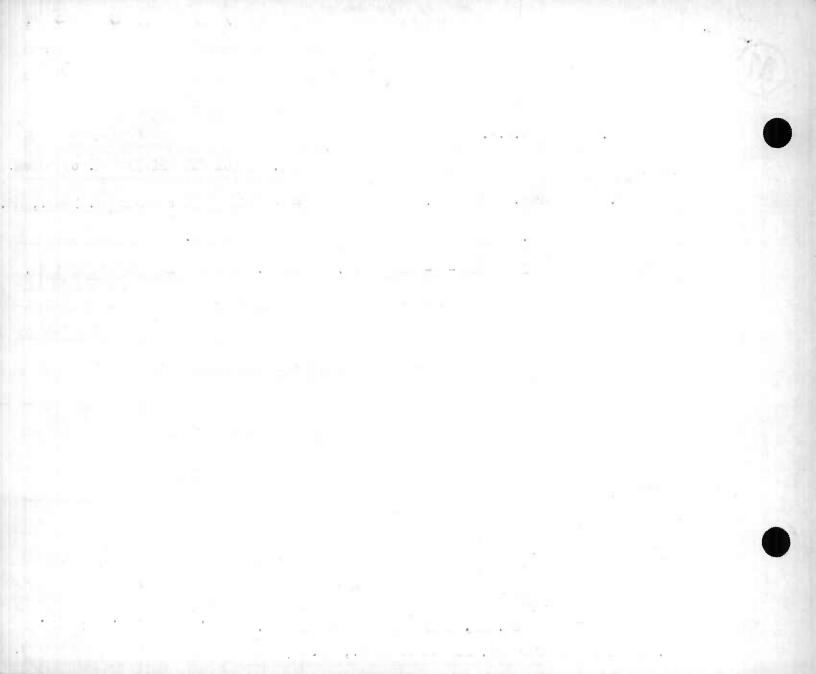
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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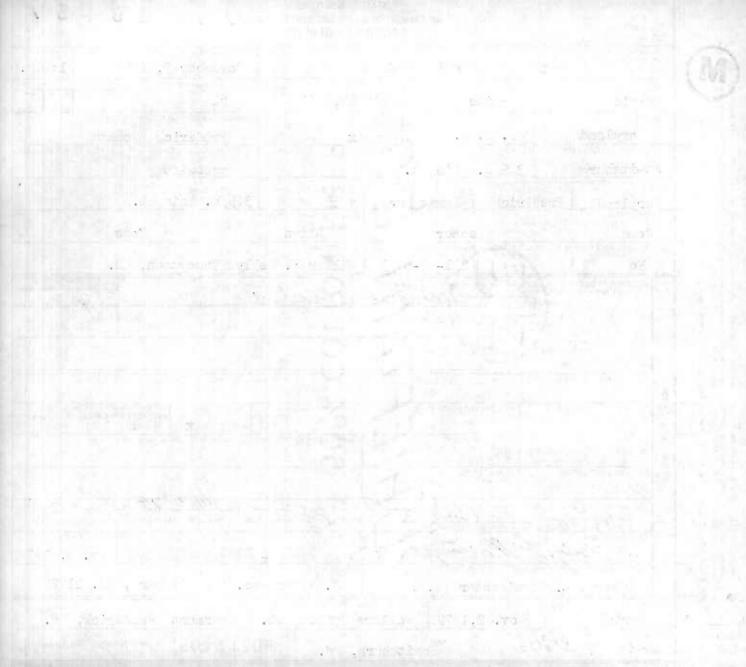
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TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 P			fy that I took cho	orge of the remains described by the remains described by the remains a des	Accident ,	Suicide^	Hamicid	eputy 812 T	Inquiry determined mo AEDICAL EXAM OII HC	INER DUSE A	DATE SIGNED VE.	113/19
PACT PACT PACT PACT PACT PACT PACT PACT	23a.B	Buri	TION, REMOVAL	236. DATE Nov. 16,	23c. NAME OF	CEMETERY C	Cemet	ery	l location Frede:		Fred.	MD STATE
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1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	28158
1. D (tri	ECEASED NAME FIRM	MOND MIDDLE I.	KOULSOK	20 DATE OF DEATH MONTH	OAY YEAR 25. HOUR
3 S	EX ROGE	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Ma.le	White	April 15 1886	93 YR	
225	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Frederick	
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
	ederick	Frederick Memori		Retired	Carpenter
7 130	STATE 136 COU		Prings YES T NO	13e STREET ADDRESS 9031 Bethel Ro	ad
	ATHER'S NAME	MIDOLE LAST	15. MOTHER'S MAIDEN NA	WE	Wiles (AS)
100	Charles WAS DECEASED EVER IN U.S. A	D. Keyser RMED FORCES? 116 SOCIAL SECU		ADDRESS	Maryland
/		220 09 75			1 Rd. Yellow Sprin
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CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OIL (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH DA	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2]
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive o	n New 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	death occurred on the date and	, 19 , tha (1) we) last haur and from the causes stated 22c. DATE SIGNED
	27h SIGNAHORE	11/2 11 11		MEDICAL STAFF	
	22d PHYSICIAN'S NAME OF THE	Priddick OR PRINT]	ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	11/1/19
1	224. PHYSICIAN'S NAME (The	iddick, M. D.	PHYSICIAN DATES Parkview Med	ical Center, Fr	ederick, Md.
1	220, PHYSICIAN'S NAME (1) FE	iddick, M. D.	PHYSICIAN [ical Center, Fr	

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		FOR STATE REGISTRAR				CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG.	_	8 1	5 9
6		ORPRINT) PAU	FIRST W		Chomas	LAM	BEAT	Novembe		V YEAR	25. HOUR 1:55 A 4M
ソ	3. SE	x Male		4 RACE Whi	te	S DATE C	DAY YEAR	6. AGE IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Source.		RTHPLACE (STATE OR FOR OUNTRY) Maryland	EIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY Frederi	OR COUNTY		MD.
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9 9	13a S	AL RESIDENCE (IF NURSING STATE TO THE TOTAL TO THE T	36 COUN	OTHER INSTITUTION		ADMISSION)	136. INSIDE CITY LIMITS?	13. STREET ADDRESS 10308 Lenh	art Ros		
I and 2 should the	14 FA	THER'S NAME FIRST Samuel	٨	AIDDLE	Lambert		15 MOTHER'S MAIDEN NAV		lizabet	h Ge	esey
Poges medic	C	VAS DECEASED EVER IN VES, NO OR UNKNOWN) (NO	IF YES, GIVE	MED FORCES? WAR OR DATES)	219-12-10		17 INFORMANT Mrs. Cora Eva	ADD	หู้มีของ T	enhart	Road 21701 MATE INTERVAL DONSET AND DEATH
ed by the ottending physicia lease remove corbon popers ind, cremotion, or removal or other traumotic event, the		Conditions, if only, gove rise to imme couse (a), stating underlying couse	which diote	(b)_	R AS A CONSEQUE		num j o von	The state of the s			
te prior to bu	CERTIFICATION	PART 2 OTHER SIGNIE WWW. T 190 DATE OF OPERATE	rent	Inter	Im, Pri	bety	NOT RELATED TO THE TERM My Left; H . N WAS PERFORMED	200 AUTOPSY?	1SHD 20b. IF YES,	WERE FINDING CAUSES	Vanne NGS USED
buriol-frond Amentol Hy or frem 18	MEDICAL CER	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE	USE OF DEA EXAMINER)	P. 21e PLACE	M. MONTH DA	19	216 HOW INJURY OCCURR	RED (ENTER NATURE OF IN)		COUNTY	STATE
of use os me of Health and 21 is marked	*	WHILE NOT WHILE AT WORK 220 I certify that (I) (the saw the deceased)	his hospit	ol) ottended th	e deceased from	34	d that in (my) (our) opinion of	to, to	-		that (I) (we) last couses stated
detoched to tote Dept o		obove, (1) (we) (did	1X		atter death.	n/b		MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DATE	SIGNED
MPORTANT		DUMMS	AE (TYPE OF	STO	NE, M.	D.	220 ADDRESS Files	lemb,	mi	8	

231 NAME OF CEMETERY OR CREMATORY

DHMH-16 20M (VRA 15, 4) 7/7B

23e. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR Filler C.C. Day Ford Funeral Home Smith, Fadeley, Keeney, Bastord Funeral Home 106 East Church St., Frederick, Md. 21701

Nov 14, 1979 Utica Cemetery

23b. DATE

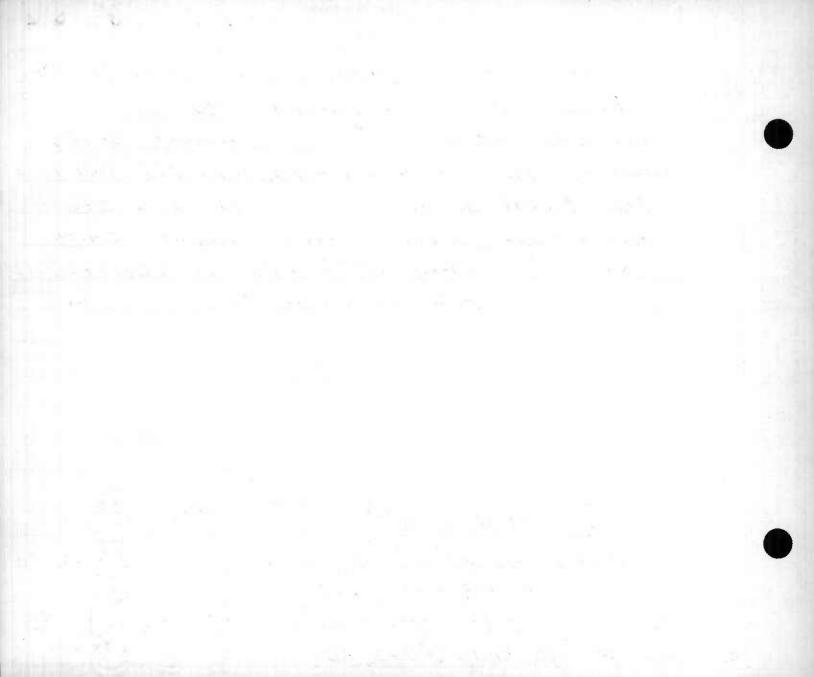
1334 LOCATION CITY OF TOWN FREDERICK, Frederick, Maryland 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

106 East Church St., Frederick, Md. 21701

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Anthony Little Augustics	it,	A WYSH . ext	216-22-9905		
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2		STATE OF MARYLAND	2 1 6 1
-		1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 1 0 1
1	- m	REGISTRAR CERTIFICATE OF DEATH	
. 6	NA)	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1			22/79 20mm
1	1 4	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	4 00	W 9/29/1885 94 YRS	
-	4 32 50	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNT	Y OF DEATH
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	The tree of the tr	© CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (IT YET OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
201	2 3 £ CE /	Frederick Memorial Hospital Homemaker	at home
BALTIMORE, MARYLAND 2120	how do how	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136. COUNTY 136. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS	
AND	filled hould l	W.Va. Berkeley Vanclesvilles NO Route # 4 Ma	rtinsburg
RYL	within d 2 s	4 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST	LAST
W	uted w		Cockrell
ORE	dic dic	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 214	N. Del. Ave
¥.	S. Po	No 216-46-9560 Mrs. Louyse Koogel Bru	IBSWICK, MG.
BAL	g physicin onpaper emovol.	18 CAUSE OF DEATH (Enter only ane cause per line for a), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
ST.,		IMMEDIATE CAUSE (0) Lasho intestinal Relating	4 days
PRESTON ST	th ce carb , ar i	3334 DUE TO, OR AS A CONSEQUENCE OF	7
REST	otter nove ation, rroum	Conditions, if day, which gove rise to immediate (b)	JMR1,
W. P	the err	cause (a), stating the DUETO OR AS A CONSEQUENCE OF	
201 V	that d by lease iol, cri ar ath	underlying couse lost.	
	signe hen pl ta bury,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DRELATED TO THE TERMINAL DISEASE OR CONDITION OF	VEN IN PART 1(a)
ORC	- re	O TO THE CONDITION TO THE CONDITION FOR WHICH PERSON WAS PERFORMED TO A MUTOPS VI 1206. IF YE	ES, WERE FINDINGS USED
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DIVISION OF VITAL RECORDS,	N: The yssician cote his cansit pransit pransi	190 DATE OF OPERATION TO CONDITION FOR WHIST OPERATION WAS PER CHIMED TO AUTOPSY 20b. IF YE IN CERT YES NO VERY NOTICE OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY INTERN 18,	ES NO
<u>Y</u>	7 4 5 5 5 5 6 7 8	OR CONTRIBUTION CONTRACTOR DE ATT. HOUR A.M. MONTH DAY TEAR	PART 1 OR PART 2)
N N		(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. I	
ISIO	In		COUNTY STATE
20	DING Plant after the ces the alth and morked	22a.1 certify that (1) (thus baspulal) attended the deceased from 11/19 19 79 to 11/20	10 79
	A F S S S S S S S S S S S S S S S S S S	sow the deceased alive an 11/2 2 19 79 and that in (my) (assessmining death accurred on the date and ha	ur and from the causes stated
	RECTORECTORE Spirit	obove, (I) (we'did) (1 and view the body ofter death. The SIGNATURE DEPAREM	2% DATE SIGNED
	ral OR Ay the has Ral DIREcted detoched oute Dept.	my attending Medical staff	11/22/79
	- 0 m e S - 1	PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	11/24/1
	TO HOSPITAL etained by the TO FUNERAL should be det with the Stote IMPORTANT:	1. Part Davis	
	shoot shoot	30. BURIAL CREMATION REMOVAL 236 DATE 237, NAME OF CEMETERY OR CREMATORY 238 LOCATION	
	BP	CITY OR TOWN	Berkeley WV
		4. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGIS	
	DHMH - 16 50M 7/77 (VR A 15 (4))	Kogelschotz + Cottman Martinsburg W. K. 19507 1970 tu	to book and
		Madelacus of a military in military and all a military	Sinks (Address a more)

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ITENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL

BP.

(M)
retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filled within 72 hours after dea him the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.	IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other troumatic event, the medical examinermust be notified at ance.

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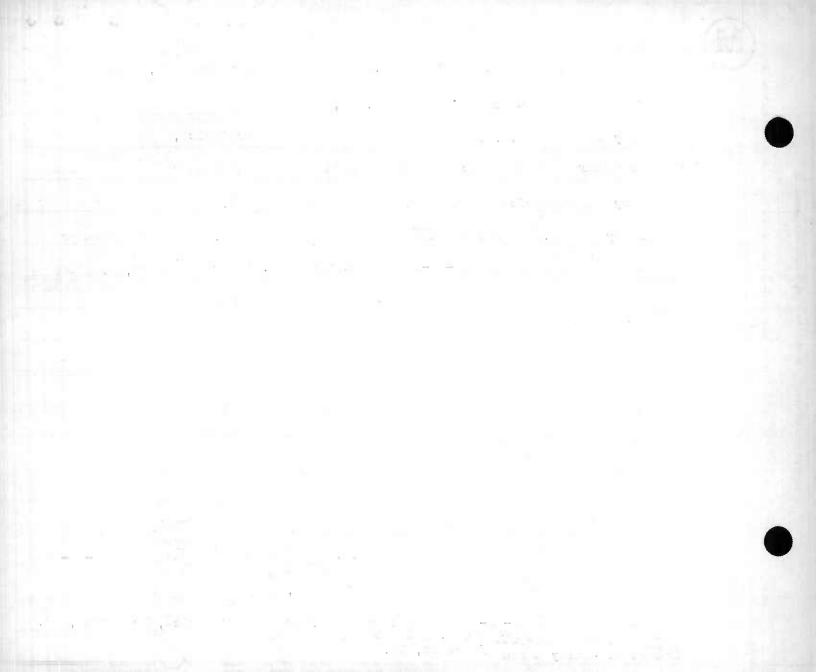
1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR				CEKTIF	ICATE OF DEA	IH	REG. N	0.		
J	1. DEC	EASED NAME	FIRST	,	MIDDLE	Ł	AST		2e. DATE OF DEATH		DAY YEAR	26. HOUR
	[TYPE C	ORPRINT) NE	LLIE	C	ATHER INE	N	ILLER		November	12,	1979	P _M
1	3. SEX			4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	
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		THPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A D D IE	NEVER MAR	DIED []	9. BALTIMORE CITY O	R COUN	TY OF DEATH	
		Maryland		U.S.A		WIDOWE	D DIVOR	CED 🔲	Frederick	•		MD.
4		Frederic	k	Frede	HOSPITAL, NURSIN HFACILITY, GIVESTREET A TICK MEMO	rial	Hospital	TION	12. USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKE	F WORKING		None
5	13e ST	Maryland	136 COUR		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Thurmon	N	134. INSIDE CITY L	LIMITS?	13e. STREET ADDRESS Rt.# 3			
1	14 FAT	THER'S NAME FIRST Henry	G.	MO	rningstar		15. MOTHER'S MAFRIST FIOR		MIDDLE G.	Sh	indlede	cker
Ť		AS DECEASED EVER	IN U.S. AR	MED FORCES?			17 INFORMANT				Box 32	
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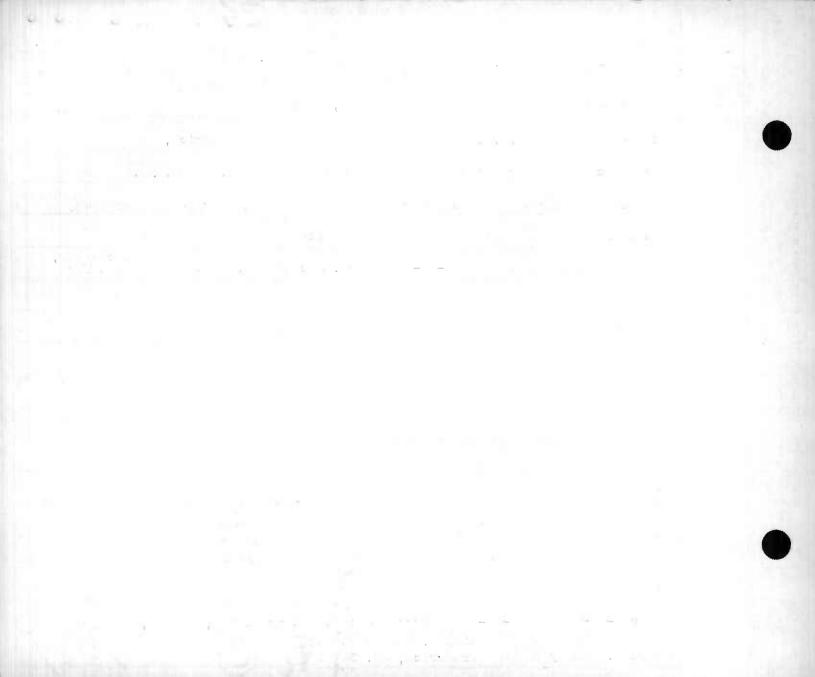
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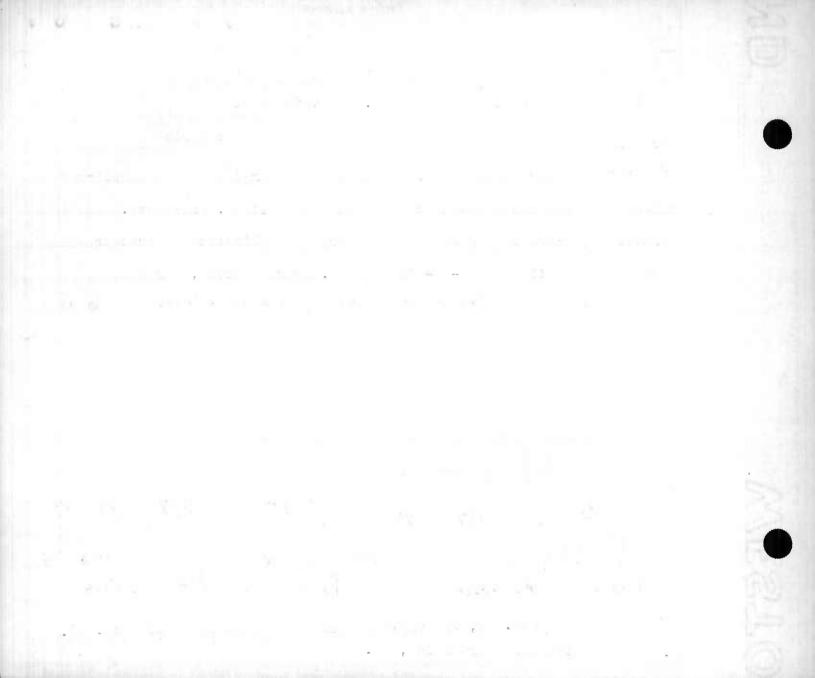
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e executed within n and completely t Pages 1 and 2 sho medical examiner	00	160. WAS DE	SSIE CEASED EVER	R IN U.S. AR	MED FORCES? E WAR OR DATES)	Mathew 166 SOCIAL SE 705-07-	CURITY NO.	Grace 17 INFORMAN Anna F			ADDRE		thews		
we requires that the deoth certi- been signed by the attending F mit. Then please remove corbon prior to build, cremation, ar rem ony injury, or other traumotic ev		gove couse unde	rise to im rise to im rise to im right on, stati rlying cous	nmediate ing the e lost.	DUE TO, C	OR AS A CONSEC	QUENCE OF		O THE TERMI	INAL DISEAS		20b. IF YES	S, WERE FIN	IDINGS U	SED
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PD TO HOS	-	23a. BURIAL, (SPECIFY)	CREMATION	I, REMOVAL		2:		EMETERY OR CR	REMATORY	23d. LOCA		Rook	COUNTY	a. M	STATE
DHMH - 16 60M 7/73 (VR A 15 (4))		24. FUNERAL NAME		las St	auffer	Brunsw	ick, M	d.	DE I	C 1 1 1	979	256 REGIST	TRAR'S SIGI	Cres	lag

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	1.	FOR STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE / Y	2 8	6 8
		CEASED NAME FIRST OF PRINT)	MIDDLE		LAST	20. DATE OF DEATH		26 HOUR P
		LOUIS			RRAY	November 2		3:40
ej.	3. SE		4 RACE	5 DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) # UNDER I YEAR	
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Sed at	. C	RTHPLACE ISTATE OR FOREIGN OUNTRY)	U. S. A.	MARRIE WIDOW	D NEVER MARRIED		R COUNTY OF DEATH	MI
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J. Willer m	130	AL RESIDENCE (IF NURSING HOME CONTACTE 136 COU	INTY 13c. CITY	nce before admission) Or town Jerick	134. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 9 South Je	fferson Str	eet
еха	14. F/	ATHER'S NAME	MIDDLE	LAST	IS. MOTHER'S MAIDEN N.	AME		
10/6		Charles	E. Mulli		Louisa	MIDDLE	Bru	st.
ě 1	16e \	VAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRE	Frederick,	
the		No		0 2713	Marshall H.	Murray, 9 S		
any injury, or other trau	TION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost		INSEQUENCE OF				
3 shows	CERTIFICATION	198 DATE OF OPERATION		WHICH OPERATIO	N WAS PERFORMED	YES NO	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
or Item		21e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		TH DAY YEAR	21c HOW INJURY OCCU	RRED TENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR PART 2)	
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tem 21 is				19/	nd tho(in (my) (our) opinion	n death occurred on the do		
INT: If I		27% SIGNATURE	May Y	000		MEDICAL STAF DIRECTOR PHYSIC		. 26,197
MPORTAN		274. PHYSICIAN'S NAME (TYPE	ORPRINT) Hickey, M. D.		Parkview Me	d.Center.Fre	derick, Mar	yland
IMPORTA	(BURIAL, CREMATION, REMOVA Burial	Noy , 27 , 197	9 Mt, Oli	emetery or crematory vet Cemetery	23d LOCATION CITY OR TOWN Frederick	Frederick	STATE Md •
25M) 1/79	24 S	mirehore dadeley, 06 E. Church St	Keeney & Bas reet, Frederi	ford Func ck, Mary	eral Home 250. DA	LOV 29 1979	25b. REGISTRAR'S SIGNA	TURE

Provender "1" 1970 More in advers bear Lynnel referració de la Ereperación d baryland Frederick (Proderick a 9 South Jefferson Sucest E. William Torkes and Telli Prederick, Marylland 21 10 715 Pershall d. Merry, C. J. Proposition of the Company 10v. 21, 1279 Burist J. Wov. 27, 1979 Mt. Olivet Cemetery Praceint Preceint Suring "saledicy, Marney & Lagiord America Home Low E. Murch trees, Frederick, Maryland

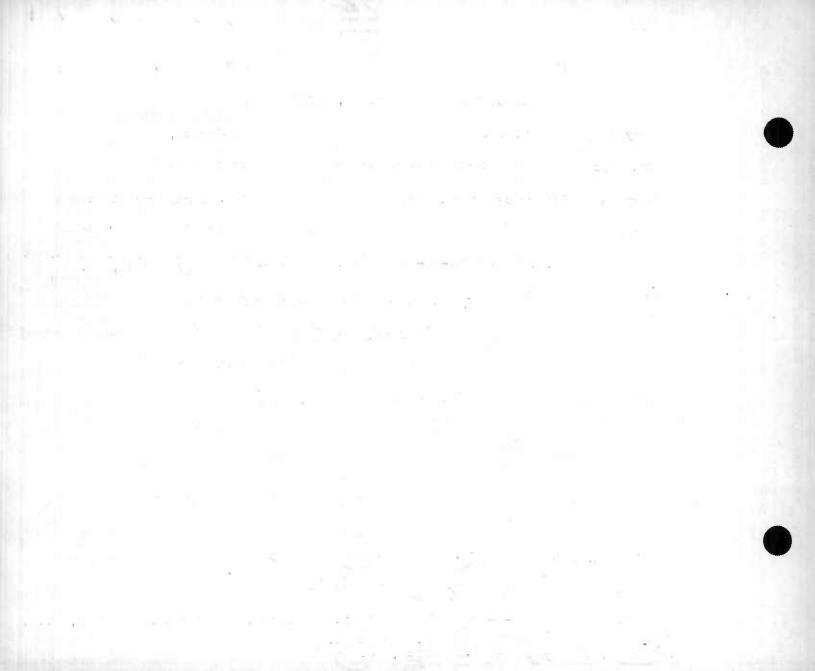
	FOR STATE REGISTRAR	DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE / 9	281	6 9
	DECEASED NAME FIRST YPE OR PRINT) AUSTIN	Edward	Myers	20. DATE OF DEATH MONTH	DAY YEAR	7:25 PM
s offer, and 3 s	SEX Male	A RACE S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 60	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
10 M	BIRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	USA WIDOW		BALTIMORE CITY <u>or</u> COU Frederick	NTY OF DEATH	MD.
by the filed was	rederick	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) *rederick Memorial F		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Engineer		BUSINESS OR
ompletely filled ompletely filled I and 2 should b	Vland Frede FATHER'S NAME FIRST Oliver Char WAS DECEASED EVER IN U.S. AR	erick Brunswick ADDLE LAST 108 Myers MED FORCES? 116 SOCIAL SECURITY NO.	YES NO I	ME	Ave.	
	Yes WW	1 218-05-2198	Kim E. Myers	Bowie, Mar	yland APPROXIA	AATE INTERVAL
tending physica e carbampapers, on, or removal	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	= LUNG, WITH	u methathases	BETWEEN O	MOS
equires that the death certificate be in signed by the attending physician. Then please remove carbon papers, probusing, cremation, or removal injury, or other traumatic event, the miny.	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART TO	13
has been pring.	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		FYES, WERE FINDIN ERTIFYING CAUSES YES [
24 67 -	OR CONTRIBUTING ALICE OF DE	LIGHT A LL MONTELL BOWN MEAD	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)	
or ottending p After this certif e os the buriolist and Mental marked or item	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTEN TOR: Of He		tal) attended the deceased from 19 79 o		death occurred on the date and		
TAL C.F. A yy the hosp RAL DIREC detached i tote Dept.	226. SIGNATURE	ain		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE 5	1/78
O HOSPITAL TO FUNERAL Should be det with the Stote MAPORTANT:	22d RHYSICIAN'S NAME (TYPE)	ALLGATER_	Brunzes Brunzes		21716	
BP	Burial CREMATION, REMOVAL Burial	236. DATE 236. NAME OF 6	EMETERY OR CREMATORY Manor	234 LOCATION CITY OR TOWN	r Wesh	HATE.
DHMH-16 20M (VRA 15, 4) 7/7B	FUNERAL DIRECTOR . Douglas Stau:		25a. DAT	EREGO. BY REGISTON BY RE	G DOWN	Me Breedy



er all Presentek County, BOLL TAL DE J.S.A. .vov nestil-mesta legiqued fatromer Asiresari do I reben I Maryland Prederick Freeerick x 20 West Seventh Street Pakey neso .V Russell by moin. yes www. II 218-20-0186 Street, Francisco, Maryland 21/1 Burial Mov. 25, 1879 Mt. Olivet Compton Prederick Frederick Md. and Larent brothed yenest volebar atime

10718 . Direct St., Frederick, Md. 21701

(88)	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	2 8 1	71
		EASED NAME DR PRINT) SA	MUEL		UGENE	ODI	ast EN	Novem		1979	26. HOUR 8:35a _M
ors ofter d	3. SEX	Male	4 RA	ce Caucas	ian:	S. DATE C	ch 7, 1920 ch	6 AGE IIN YEARS	LAST BIRTHOAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
72 hou	co	THPLACE (STATE OR FOR MARY) Maryland	Į	J.S.A.	WHAT COUNTRY?	WIDOWE		BALTIMORE Frede	city <u>or</u> count rick,	Y OF DEATH	MD.
by the fune filed within		Y OR TOWN OF DEAT Frederick	1 1	216 K	or the Mar	ket S	r other institution treet	TYPECUSE'S	CUPATION RMQSI OF WORKING L UTAN		None
filled in ould be	USU A 130 S	L RESIDENCE 1# NURS# I ATE Maryland	is home or other is county Freder	institution,	GIVE RESIDENCE BEFORE 13. CITY OR TOW Frederi	ck	13d. INSIDE CITY LIMITS?		North Ma	rket Str	eet
l ond 2 sh	I4 FA	THER'S NAME William	MIDDLE		Oden (AST		Da ^{FEST}		11e	Hamii	ond
anpapers. Pages I emoval event, the medical	Ióa W	AS DECEASED EVER II	U.S. ARMED	FORCES? ORDATES)	212-14-		Mrs. Nellie (C. Oden	ADDRESS N 1216 N Freder	. Market	Street 21701
te has been signed by the attending sit permit. Then please remove carbon sit permit. Then please remove carbon giene prior to buriol, cremation, or retisence and shows any injury, or other troumatic e	CERTIFICATION	Conditions, if ony, gove rise to imm couse iol, storing underlying cause PART 2 OTHER SIGN 190 DATE OF OPERATI	which ediote the lost.	tb) L DUE TO, OI (c) L DITIONS CO	COMIL	ENCE OF PEATH BUT	AUFARC AUFARCA NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE TERM	78s AUTOPS	20b. IF YE	VEN IN PART 110	GS USED OF DEATH?
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TO FUNERAL should be deto with the State IMPORTANT: H	230 B	22d PHYSICIAN'S NAI JEIAL, CREMATION, R PECKY 11 BUT 1a1	EMOVAL 23	DATE	1		PHYSICIAN PHYSIC	73d LOCATK	PHYSICIAN D	FREDE COUNTY Berkeles	SIATE W. Va.
HMH-16 20M (A 15, 4) 7/78	El.	bert E. De	willy	9/	1201 ESSN.	Mark			197956. REGIS		



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0	gornsager.	The state of	COST-MILES	東京教 力	THE REAL PROPERTY.	>
-	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NOT THE AREA	ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 4 e filterem	GE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIL THE BEST OF THE STAIL	FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE THE MARKET OF THE	fer death, with the state department of health and mental hygiene, division of wtal reconds for word many fire	
MD. 2120	ATH. IF AN	5 1, 2, ANI	PM 3. REI	ID 2 SHOL	WIAL REC	5
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	AEDICAL E	UTE THE	E 4 SHOU	UNERAL	R DEATH,	M JACOBE M
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17/	1-	FOR STATE REGISTRAR	M			ND MENTAL HY		2 REG. NO.	8 1 7	2
		CEASED NAME PE OR PRINT)	51	LESLIE	PA"	YNE	2a. DATE K OF DEATH	NOWN MON	2 × 20	25. HOUR
CTOR	3. SE		5 DATE OF BIRTI	H 6. AGE (III	YEARS IF UNDE	R 1 YR. IF UNDER 24	HRS 2c. DATE	MON	TH DAY YEA	R 2d. HOUR
(ALA)		ale White		1923 56	YRS.	DAYS HOURS M	DEAD	17	25 199	57
(M)		OREIGN COUNTRY) Virginia		WHAT COUNTRY?	MARRIED	NEVER MARRIED DIVORCED		Freder	UNTY OF DEATH	AAD
25045	10 C	ITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSING HO			O USUAL OCCUPA	TION (TYPE OF WO		SUSINESS
1017861	F USU	rederick	DOA -	Frederic GIVE RESIDENCE BEFORE ADM	k Mem.	Hosp.	Carpen	ter	Comm	Bldg
AND	3 13a S	AL RESIDENCE (IF IN NURSING) STATE irginia F	ounty airfax	Falls C	hurch	I. INSIDE CITY LIMITS? 13	6166 Le		Pike	22011
MD. Z.	14. F	ATHER'S NAME	MIDDLE	LAST	15	MOTHER'S MAIDEN I	NAME	DLE	LAST	
AGES AGES ORM P	160.	Archie WAS DECEASED EVER IN U.	Marshall ARMED FORCES?	Payn		Maggie	(Ur	ADDRESS	Kirkpat Same a	
URS AFTER B. GIVE PA WITH FO PAGES 1 DIVISION		YES, NO, OR UNKNOWN) (IF YES	WWII	227-12-	1842	Ruth Cole	Payne	(Wife)	13a -	13e
COKDS, 301 W. PRESION SI BE EXECUTED WITHIN 24 H NDING" IN PENCIL IN ITEM MEDICAL EXAMINER ALONG AS A BURIAL:RANSIT PERM ALTH AND MENTAL HYGIENE MATION, OR REMOVAL.	NOI	Canditians, if any, a gave rise to imme cause (a) stating the u lying cause last. PART 2 DTHER SIGNIFICANT COND	EDIATE CAUSE (a) which diate (b) DUE TO, C (c) TIDNS CONTRIBUTING TO DEAR		ERMINAL DISEASE DR		(0).			
TALKE HOULD RD "PE CHIEF USED OF HE, AL, CRE	CERTIFICATION	190. DATE OF OPERATION	196 CONI	DITION FOR WHICH OF	PERATION WAS	PERFORMED?			20 AUTOPS	NOX)
CERTIFICATE SI CERTIFICATE SI TING THE WOR 3 SHOULD BE DEPARTMENT	MEDICAL CERT	210 EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUS	OF DEATH ST P.	M. 11 25 19	9 3ca	N CHURA	ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 CC		73
5	MED	21d. INJURY OCCURRED WHILE NOT WHIL AT WORK AT WORK	STA STATE	E OF INJURY (AT HOME ACTOR WARM, ETC.)	21f. LOCA	515	CITY OR TOW	" Fre	Burk	with
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRITE PAGE A SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BAITMORE, MARVIAND, 21201	2	220. I certify that I took	charge of the remains of Natural causes	Academ A, homas, M.	Suicide	TITLE (SPECIFY) Deputy	. Inquiry Undetermined mor MEDICAL EXAMI 812 Tol Frederi	ner		19
Bb———BABBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	23a I	BURIAL, CREMATION, REMOVE (SPECIFY) Burial	23b. DATE 11-28-79	Hillsb		metery !	23d LOCATION CITY OR TOWN	o Lou	doun	STATE
DHMH - 17 (VR A15 ME (5)) 15M 7/76	The state of the s	all Funera	Home P	Q Box 896 urcellvil		MOV	2 8 19/9	256. REGISTRAF	S SIGNATURE	7

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(M)		3. SE	Male		RACE Blac		S. DATE C		03	6. AGE (IN YEAR	S LAST BIRTHD	_	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
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and 2 sh	20	14 FA	Joseph	Fr	ank	Proct	1	Marj	S MAIDEN NA FIRST Ma	me gdalen	_		Pro	(decor
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n. n. to a that the death c. n. to seen signed by the attending permit. Then please remove cart ne prior to burial, cremation, or we only injury, or other troumatic.	•)	CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	ediate the lost.	(c)_ CONDITIONS (OR AS A CONSEO	DEATH BUT			20a AUTOP	SY?	206. IF YES, V	WERE FINDIN	GS USED OF DEATH?
NG PHYSICIAN: The li r otherding physicion. Wher this certificate has os the buriol-tronsit per th and Mental Hygiene acked or frem 18 shows	7		210. ACCIDENT WAS UNDO	AUSE OF DEA	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW IN	IJURY OCCUR	YES	RE OF INJURY II	YES [I I OR PART 2)	но 🗌
AG PHYS otherdin ter this of the bur h and Me		MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗀	21e PLACI {AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	NO		CITY OR TOWN		COUNTY	STATE
ATTENDI spital or STOR: A for use of Heal			22a certify that (1) saw the decease above, (1) (we) (d	d alive on	-26	Nov 19	79,01		19	death accurred	on the date	ond hour a	and from the c	
toche be			22d. PHYSICIAN'S NA	10	Cr	ouch			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	и	22c. DATE S	HONED
TO HOSPITAL retained by th TO FUNERAL should be det with the State	1		ROBE	RT	D.		velt	80	6701	(.		gre, 1	Cre Le	wer IM.
BP		(:	URIAL, CREMATION, F Buria		236. DATE 11/2	9/79 B	ell's	Chape	el Cem		erso		itgome	
DHMH - 16 50M 7/77		24. FU	NERAL DIRECTOR	n I	+ 10	Roy ADDRESS	Fredo	mi ole	MTD 25a. DAT	E REC'D. BY REC	3070	. REGISTRA	R'S SIGNATI	Perody

V. State & Million of Alley Courts have Market . F. . C. 1 | Kee The Land Committee of the Commit A STATE OF THE STA THE RESERVE OF THE PARTY OF THE present the property of the contract of the co

	A)	
within 24 hours after death. Page 4 may be	tely filled in by the funeral director, page 3 should be filed within 72 hours after death	examiner must be notified at once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPARTI		HEALTH AND FICATE OF I	MENTAL HYG DEATH	Ask Allug	G. NO.	2 0	\$		4
	CEASED NAME	FIRST		MIDDLE		LAST		2R DATE OF DEA	ГН момтн	DAY YEA	AR 2	h HOU	IR
(ITPE	OR PRINT)	Ida	Н	le lena	SI	MITH		Novem	per 22,	1979	5	:30	P .M
3 SE	х		4 RACE		S DATE			& AGE (IN YEARS LA	ST RRTHDAY)	# UNDER 1		# UNDER	24 HRS
	Female		Whi	te	Oct	29,	1885	94	YRS		DAYS	HOURS	MIN
FR BI	RTHPLACE ISTATE OR F	OREIGN		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER	MARRIED	BALTIMORE CI		TY OF DEAT			MD
10 CI	addock He:		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET DNA NUTSI	ADDRESS)		TITUTION	12e. USUAL OCCU (TYPE OF WORK FOR A HOME)				BUSINE	ESS OR
	AL RESIDENCE (IF NUR STATE Maryland	136 COUR		GIVE RESIDENCE BEFORE 131. CITY OR TOW Jeffers	'N	134. INSIDE C	ITY LIMITS?	13R STREET ADDR Jef	ess ferson,	Mary	land	1	
14. FA	THER'S NAME FIRST George		J. B.	Lewis		IS MOTHER	S MAIDEN NA FRST Ida	MID	C.	Shaff	LAST		
(1	VAS DECEASED EVER res, no or unknown) O		MED FORCES? E WAR OR DATES) NONE	763-01-4		17 INFORMA	d V. Sn		^{Joe} herr fferson	, Md.			
	Conditions, if ony gove rise to im couse (a), stati underlying couse	mediate ng the e lost.	(c)_	R AS A CONSEQUE		NOT RELATED	O TO THE TERM	NINAL DISEASE OR	CONDITION	GIVEN IN PAI	RT 1(o)		73
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFO	DRMED	200 AUTOPSY?	INCER	YES, WERE FI	USES O		TH?
	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	HOUR A.	PEINJURY M. MONTH D.	AY YEAR		JURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM ?	B, PART I OR PAR	RT 2)	4	
MEDICAL	216 INJURY OCCUR	HILE [OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	ON	CITY	DRTOWN	COUNT	1	\$1	TATE
	220.1 certify that (I		ottended th			DEGREE	ATTENDING PHYSICIAN	deoth occurred on MEDICAL DIRECTOR				uses sto	we) lost oted
	22d PHYSICIAN'S N	AME (TYPE C	OR PRINT)	1		22R ADDRES							
	Dr. Wayı	ne Al	lgaier,	M.D.	31	320	W. Poto	omac Stree	et, Bru	nswick	, M	d.	
	BURIAL, CREMATION	, REMOVAL	236. DATE	230	NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION		сориту		SJ.	ATE

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After hould be detached for use as the MPORTANT: If Item 21 is

he burial-transit permit. Then please and Mental Hygiene prior to burial,

Smith, Fadeley, Keeney, Bastord Funeral Home 106 East Church St., Frederick, Md. 21701

25R DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIMMATURE

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	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY		REG. NO.	2 8	1	/	6
		OR PRINT) CHARL		IOMAS		NS BURY	2a. DATE OF DE		1979	YEAR	26. HOU	R A •M
	3. SEX	Male	White		5. DATE C	DAY YEAR	6. AGE (IN YEARS	LAST BIRTHDAY) YR	MONTHS	DAYS 28	IF UNDER	24 HRS MIN
35	- CC	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	U.S.	VHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED		cur <u>or</u> cour derick				MD.
00		onrovia		OSPITAL, NURSIN HEACHLITY, GIVESTREET IN UTE 1		OR OTHER INSTITUTION	12a USUALOCO		G LIFE) INC		F BUSINE	SSOR
35	13a. S	Maryland Fr		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO 🕵	130. STREET ADD					
100	14 FA	THER'S NAME FIRST Joseph	WIDDLE	S tansbu		Amanda	M	DOLE		ker		
1	16a. W	VAS DECEASED EVER IN U.S. AI res, no or unknown) (IF yes, giv	RMED FORCES? (E WAR OR DATES)	217-28-		Alice E.	Smith, E	ADDRES MO	ox 3	1	Md.	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per ED 8Y: TE CAUSE (o)	line for (a), (b), and		epatic Cir	rhosis			APPROXI	WATE INTER	DEATH
		Conditions, if ony, which gove rise to immediate	DUE TO, OF	AS A CONSEQUE	NCE OF D	epandence				20-	30	45.
		couse (a), stating the underlying couse last	(c)	as a conseque								
	TION	Advanced	Arenv	sclent	c to	at Disea	se			, Tues		
2	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED		IN CE	YES, WERI RTIFYING (YES []	CAUSES		
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P./	a. month da a.	YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM	18, PART 1 OR	PART 2]		
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ({AT HOME, STR	OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC.]	211 LOCATION STREET		Y OR TOWN	cou		51	ATE
		22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	Nov	16 19		nd that in (my) (our) opinio				rom the	-	
		1200 L	MS	Q	M.	DEGREE	1. MEDICAL	STAFF	22	C. DATE	SIGNED	79
	11/2	22d. PHYSICIA & NAME (TYPE				PHYSICIAN 228 ADDRESS	MEDICAL DIRECTOR	PHYSICIAN [yec	. 11	. !

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT: If them 21 is marked or them 18 shay

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Cremation 12-12-3-1979

Security Process

23d LOCATION COUNTY COUNTY COUNTY CATORN STATE CATONSVILLE, Balto., Md.

24 FUNERAL DIRECTOR
Charles W. Burrier, Jr., Sykesville, Md.

1979 DEC 6

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	1	- STATE REGISTRAR			DEPART		EALTH AND MENT CATE OF DEAT			. NO.	60	' '
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hour hour	10	BIRTHPLACE (STATE OR FO	DREIGN 7b. C	ITIZEN OF V	VHAT COUNTRY?	8 MARRIEI	NEVER MARRI	IED 🗆	BALTIMORE CIT	OR COUNT	Y OF DEATH	
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by the followithinst be no	0 10	Braddock He	1	NAME OF H	OSPITAL, NURSIN IFACILITY, GIVE STREET Dona Nur	ADDRESS I	ROTHER INSTITUTE	ION	(TYPE OF WORK FOR MO: Retired			F BUSINESS OR
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d with	. 14	FATHER'S NAME	MIDDLE		(AST		15 MOTHER'S MAIL	IDEN NAM	E		LAST	
and 2	1	James	Frankli		Stillion	\$	Betty			Wi1	lingham	
e me	14	WAS DECEASED EVER	IN U.S. ARMED	OR DATES)	166 SOCIAL SECL		17 INFORMANT				derick,	
an an an an tr, th		Yes	W. W.	#1	219 12 1	191	Mrs. Mami	ie S.	Stillion	s,223		
physici papers. emoval.		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only on	e couse per	11 1 .						APPROXIVE BETWEEN	MATE INTERVAL POSET AND DEATH
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s bee		19s DATE OF OPERAT	ION I	ON CONDI	ION FORM HICH	OPERATION	WAS PERFORMED	7	16 AUTOPSY?		5, WERE FINDIN	
	2	_			-	_	6	/	YES NOT		FYING CAUSES	OF DEATH?
PHYSICIAN: The globy sician. his certificate ha urial-transit perm Mental Hygiene of or Item 18 sho	7 8	210. ACCIDENT WAS UND		21b. TIME OF		AV VEAD	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2)	2017
HYSIG physics cert is cert ial-tra fental or Ite	1	OR CONTRIBUTING (P.A		19	- 125					
NG PH inding p fter this he buria and Me		21d INJURY OCCURE		IR PLACE C	OF INJURY ET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	-	CITY OR	TOWN	COUNTY	STATE
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TTEI II or TOR Use Hea		220.1 certify that (II saw the decease		Stended the	deceased from	79	d that in (my) (out)	9d	, to	UOV	,	that (I) (we) last
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1 0 1 0 1		226. SIGNATURE				5		NDING		TAFF	22c. DATE	
PITAL by the ERAL detac State (-	224 PHYSICIAN'S NA	ME (TYPE OF BAILT)	"	an	in	PHYSI 22s ADDRESS	ICIAN X	DIRECTOR PHY	SICIAN	Nov.	17,1979
TO HOSPITA retained by th TO FUNERA should be deta with the State			,		D			C 4	A Bandan	i ala M	1	
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BP	1"	BURIAL, CREMATION,	O N				en Cemeter		Jeffers	on Fr	ederick	Md .
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DHMH-16 25M (VRA 15, 4) 1/79		106 East Ch	nurch St	reet,	Frederi	ck, Ma	ryland	M	JV Z 1 1973	3	7	7

Fovesther 16, 1070 Mgd Telletter 12, 1862 breaktim "gaddock Hergints Windscom Angulan Home 223 East Pourth Strent haryland Prederick Colerick M Inca . Franklin ... Stillions Hotty . Die . Moltanbort 1. M. Al 210 12 12 1 Mrs. Andres. Million, 223 L. Art. trut, Cofesselven (musches kins habitus . Nov. 17 . 1979 VERTICAL PERSONS OF VALUE Jefferson Trederick Ad. proil dereous bis ask a yearsh lione omniferant, drive bate, freeze, carridone

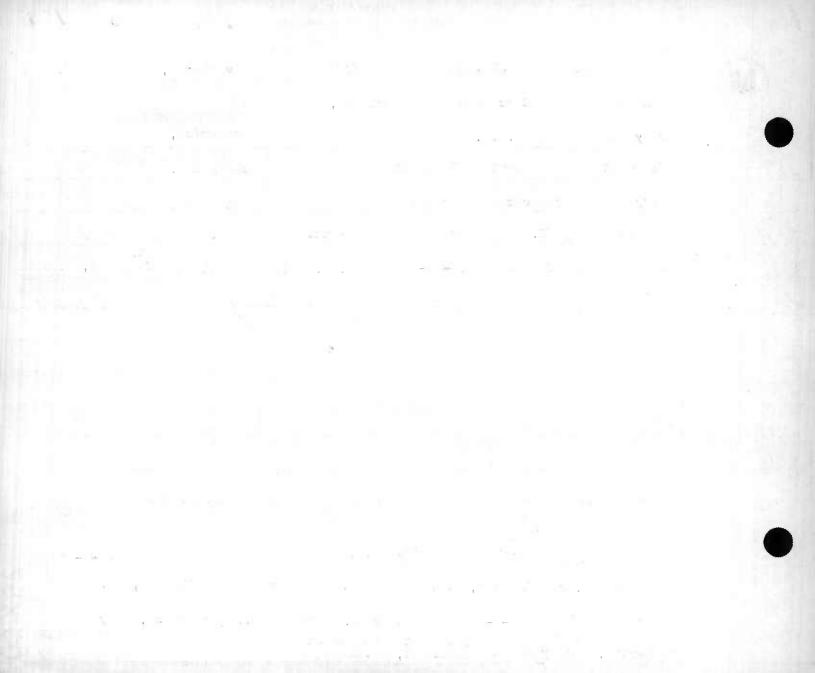
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	AND DESIGNATE.						

ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter deal

to Hospital On Attending Physician: the retained by the hospital or ottending physician.

TO HOSPITAL

		FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		INE / 9	2	8 1	7 9	
-		1. DECEASED NAME (TYPE OR PRINT)			MIDDLE		AST		20 DATE OF DEATH		YEAR	26 HOUR	
RAF			ANNA		SEPHINE		LENTINE		November		9	8:20 a	
		3. SEX Female		Caucas	ian	S DATE OF BIRTH April 22, 1918 RAPRIED A NEVER MARRIED WIDOWED DIVORCED			AGE (IN YEARS LAST BIRT	HOAY) FL	INGER TYEAR	IF UNDER 24 HRS	
nerol di in 72 hou af once.	35	7. BIRTHPLACE (STA COUNTRY) Maryland	120000000000000000000000000000000000000	76 CITIZEN OF	WHAT COUNTRY?				9 BALTIMORE CITY OR COUNTY OF DEATH				
by the further ded on the formal of the fore	30	10 CITY OR TOWN O		11. NAME OF HOSPITAL, NURSING HOME O (# NOT IN SUCH FACILITY GIVE STREET ADDRESS) Route # 2 Box 426			R OTHER INSTITUT						
filled in ould be f	35	USUAL RESIDENCE 130 STATE Maryland	136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY 13t. CITY OR TOWN Thurmont			134 INSIDE CITY LI		Box 426	3			
mpletely and 2 sh	œ	14. FATHER'S NAME Leslie	7	Warner			15. MOTHER'S MA		E . MIDDLE	I	Havner		
Pages 1	1	160 WAS DECEASED (YES, NO OR UNKNO	WN) F YES, GIVE	MED FORCES? E WAR OR OATES)	166 SOCIAL SECU 217-07-		17 INFORMANT	Luthor	ADDRE	Rt. A	#2 Box	426 Md.21788	
s mot the acoun certificate to ed by the attending physicion blease remove carbon papers. riol, cremotion, or removol. or other froumotic event, the		Canditions, igove rise to couse (o), underlying	t ony, which o immediate stoting the cause last.	D BY TE CAUSE (0) DUE TO, O (b) DUE TO, O (c) 1c)	Ine fgr (a), (b), and a consequence of the conseque	ENCE OF	of the	li	ring		9	MATE INTERVAL INSET AND DEATH	
hysicion frost hos been significate hos been significans permit. Then progress of the progress	2	INO DATE OF C						D	200 AUTOPSY? YES NO S D (ENTER NATURE OF INJUI	ERE FINDINGS USED G CAUSES OF DEATH? NO			
ottending phi er this certific s the burial-tri ond Mental t	/	OR CONTRIBUTION	G CAUSE OF GEA Y MEDICAL EXAMINER) CCURRED NOT WHILE AT WORK	P. 21r PLACE	M.	AY YEAR 19 FARM, ETC)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE	
espital or eCTOR: At d for use o f of Health	2	220.1 certify t saw the abave.(1)	270.1 certify that (1) this hospital) attended the deceased from 1974, 19 , 10 , 19 , 19 , 19 , 19 , 19 , 19										
RAL DIR detache state Dep			226. SIGNATURE DEGREE M. D. ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIA									SIGNED ₩1979	
etoined by TO FUNERA should be di with the Sto	1	Georg	e L. Mor	ningsta			<u></u>		enue Emmit	sburg,	Md. 2	1727	
BP		230. BURIAL, CREMA (SPECIFY) Burial	TION, REMOVAL	23b. DATE 11=6-			en Memori			rick, W			
DHMH-16 20M (VRA 15, 4) 7/7		Robert E		Son	615 Ea	st Mai	n Street 1.21788	250 DATE	TOO UREINGA	Sb. REGISTRA	PISTOCHATI	THE CROSELY	



250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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24. FUNERAL DIRECTOR

G. Douglas Stauffer, Rt. 10, Frederick, Md. 21701

DHMH - 16 50M 7/77

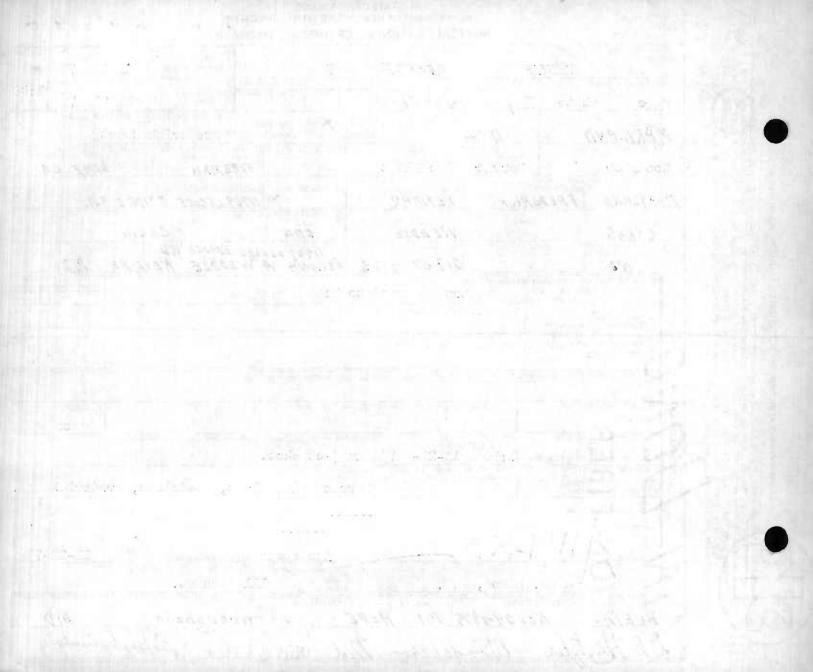
(VRA 15(4))

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			STATE OF MARYLAND	0 0 1 0 1
H	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	28181
1		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	G. NO.
(BA)		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOW	
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(SE)	3. SE	Charl		MONTH DAY YEAR 124 HOUR
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\$280%		Male Black		19 · 7 ± 0M
SAKINA		IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CO	TY OR COUNTY OF DEATH
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THE FL	/10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION	TYPE OF WORK 126. KIND OF BUSINESS
	4	Frederick	Frederick Memorial Hosp. For most of working life Maintana	
IF ANY DELA 2, AND 3 TO 3. RETAIN P. SHOULD			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	nce
5 79 HO	130.	Md . In solu		es Street
MD. 2120 ATH. IF AN ATH. IF AN ID 2 SHOU	4		shington Hagerstown YES NO 124 Charl	es bureeu
Q I . NS/)/	/ 14. F	ATHER'S NAME	MIDDLE LAST IS. MOTHER'S MAIDEN NAME MIDDLE	LAST
PRE, MI		Daniel	NMN Washington Lelia NMN	Dixon
MORE, A	16a.	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADD	RESS 7270ak RidgeDr
ALTIN RS AFT GIVE: VITH F PAGES			orld War2 214-16-1970 Charles D. Sterli	ng Hag. Md
BALTIMO URS AFTER 8. GIVE PA WITH FOR 1. PAGES 1 DIVISION 1			nly one couse per line far (o), (b), and (c).)	APPROXIMATE INTERVAL
ESTON ST., BA HIN 24 HOURS IN ITEM 18. G R ALONG WIT ISIT PERMIT. PA HYGIENE, DIV		PART I DEATH WAS CAUSI	Arteriosclerotic cardiovascular	disease
ON ST. 24 HO ITEM 1 LONG PERMIT		1/ 5 a a immedia	TTE CAUSE (o)	dibedbe
SIT A A A LANGE A LANG		Conditions, if any, which		
W. PREST D WITHIN ENCIL IN AMINER . TRANSIT ENTAL HY		gave rise to immediat	e (b)	
OT W. PRE: JTED WITH N PENCIL ! EXAMINER SAL-TRANS MENTAL H OR REMOV		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RITING THE WORD "PENDING". IN PENCIL IN ITEM 18. GIVE PAGES FOR TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM E 35 HOULD BE USED AS A BURRAL'IRANSIT PREMIT. PAGES 1 ARE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF PRIOR TO BURRAL, CREMATION, OR REMOVAL.		7.00	(c)	
LI RECORDS, 30 DULD BE EXECUTOR FEE MEDING. IN SPENDING. IN SEE AS A BURIE SEE AS A BURIE FEALTH AND.		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CORDS BE EX SINDING MEDIC AS A ALTH A EMATIC	CERTIFICATION			
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ON OF VITAL R FICATE SHOUL THE WORD "P O THE CHIEF OULD BE USEE RITAENT OF HE	7 \vec{1}{2}			YES NO
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DIVIS HIS CER WRITING ARDED (GE 3 S (GE 3 S	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
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IER: T ATE, PORV DR: P, D, 213		220. I certify that I took char	ge of the remoins described obove, held on Autopsy . Inspection . Inquiry X.	ond in my opinion
AINE FICA SE F CTO THI AND		death resulted from: Nat	urol couses Accident . Suicide . Homicide . Undetermined monner	
EXAMI CERTIF CERTIF DIRECT WITH		120	+ M TITLE (SPECIFY)	11/12/70
MAN WAN		ACTUAL SIGNATURE	M.D. Deputy MEDICAL EXAMINER	DATE SIGNED 131 19
SHOT SHOW		SIGNATURE	812 Toll Hou	se Ave.
MEDICAL EXAMINER: ECUTE THE CERTIFICATE GE 4 SHOULD BE FOR PENDIND BE FOR THE DESTRUCTOR THE DESTRUCTOR THE DESTRUCTOR THE SHOULD BE THE SHOULD THE SHOULD BE THE SHOULD THE SHOULD BE THE SHOULD THE SHOULD SHOULD SHOULD THE SHOULD SHOU	A	EXAMINER'S NAME RO	obert J. Thomas, M.D. ADDRESS Frederick, M.	
TO M EXEC PAGE TO FI	22-	(TYPE OR PRINT) TO		22701
- m a - 4 a	230.	BURIAL, CREMATION, REMOVAL	Allin - all V and III /V	acets delacet the
BP	7.5	FUNERAL DRECTOR O	11/17/79 X 05E HIII CEM, HACES 6	REGISTERS YOUR NEW WORLD
DHMH - 17 (VR A15 ME (5))	200	my//	1/1 ADDRESS/ -// -/ 1 139.0	
15M 7/76		Herms L. 1	vary smultiturg, ma.	

	1.	FOR	DEPAR		MARYLAND TH AND MENTAL	HYGIENE 9	28 8 2
5	1-	STATE REGISTRAR			CERTIFICATE	1 1 6	
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOL
EASE TOR. ILES. DURS REET,		MEL	VIN G	M I C. M.	WEDDLE	DEATH MATED	11 21 1979
E E E	3. SE		5. DATE OF BIRTH MONTH DAY YEAR	LAST BIRTHDAY) MOI	UNDER I YR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 24. HOL
(11)		ale white	JULY 3 1903	NTDV2		9 BALTIMOPE CITY OF	11 21 1979 p
135	1	ARYLAND	USA	WIDO	RRIED NEVER MAR	RIED 🔲	-
95	-	TY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Barrick Lim	STREET ADDRESS)	THER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
35	13a S	TATE 136. COUNT	NTY 113c CIT	Y OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
~~		ARYLAND FRE	DERICK KE	YMAR	YES NO		DGE RD.
00	14. F	CYRUS	WIDDIE	EDDLE	15. MOTHER'S MAIE FIRST LDA	DEN NAME MIDDLE CR	LAST
100	16a. \ {Y	VAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17. INFORMANT	A WEDDLE KEY	
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one cause per line for (o), (led BY:			7 11 20 12 / 2/1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PERMIT.		9154 IMMEDIA	ATE CAUSE (o) GALLSTI		O negu		
H A		Conditions, if ony, which		NOTE OF THE PARTY OF			
OR REMOVA		gave rise to immediate couse (a) stoting the <u>under</u> lying couse lost.		NSEQUENCE OF		53	
ON, OR	1		(c)				
CREMATIO -	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL OISE.	ASE OR CONDITION GIVEN IN P	PART 1 (a).	
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
3	Ħ						YESTER NO
3		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR KK MONTH	H DAY YEAR	How INJURY OCCURR	RED LENTER NATURE OF INJURY IN ITEM 18 PA	
3	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJUR	Y (AT HOME, 21f. L	OCATION		
	¥	WHILE NOT WHILE I	STREET, FACTORY, FARM,	Ba Ba	rrick Lime	Plant, Woodsboro	, Frederick Md
NO, 21201			ge of the remains described ob		ppsy X, Inspecti		in my opinion
DIRECTON WITH THE ARYLAND		XMA	1200		TITLE (SPECIFY)		
EATH, ORE, M		SIGNATURE	XXX		M.D. Assistan	nt MEDICAL EXAMINER	SIGNED 11-22-79
AFTER DEATH, BALTIMORE, MA		EXAMINER'S NAME \ Ann	M. Dixon, M.D.		_ADDRESS	111 Penn St.	
AFTER DE BALTIMO	23a.B	PECIFY)	23b. DATE 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
17	24. F	JONERAL DIRECTOR	1101 27 1717 /	71 1767	25e. DATE	WCODSBORG EREC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(5)) 3	,	OD Hartsler	ADDRESS	lorga Ti	10 1	2 6 1979 Rist	my malrody



(TENDING PHYSICIAN) The low requires that the death certificate be executed within 24 hours after deat

TO HOSPITAL

Page 4 may be

Se	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG	TIENE 7	REG. NO	2	8	8 3		
	(TYPE	ORPRINE) Tac	RST K	NI	MIDDLE	Neiss	man		VEMB	ca.	DAY YEAR 16 (97)	10:21 M		
	3 SE	M ALE		auc	asian	5 DATE (6 AGE (IN YE	77	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN		
A April 1	C	IRTHPLACE ISTATE OR FOREIG OUNTRY) NEW YORK		USA		WIDOW			FREDE	RICK (COUNTY ,			
4	FI	rederick	()	1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FREDERICK MEMORIAL HOSPITAL					CECUPATION PLOYEI	WORKING HE		OF MD		
filled in hould be	130.	aryland 1	COUNTY	. 1	13c. CITY OR TO		134 INSIDE CITY LIMITS? YES NO	13. STREET	ADDRESS Big	95 1	Jue #	21701		
ompletely omd 2 s		MAURICE	WIDDLE		WEISSMAN		15 MOTHER'S MAIDEN NA FIRST FREED	AME MIDDLE LAST						
icion and copers. Pages 191		NAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF NO	J.S. ARMED F YES, GIVE WAR O		214-30-		621 BIGGS AV		ean Weissmän FREDERICK, MD 21701					
signed by the attending physical process remove corbonopop to buriol, cremotion, or remove nijury, or other troumotic event,	NO	Conditions, if any, wh gove rise to immedi cause (a), stating underlying cause li	ote the ast	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS							EN IN PART 10	0)		
hows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION		ION FOR WHICH OPERATION WAS PERFORMED			20e AUTOPSY? 20b. IF YES, WE IN CERTIFYING YES YES YES			YING CAUSES	WERE FINDINGS USED NG CAUSES OF DEATH?		
certification real Hyginal Hyg		218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI-	E OF DEATH	Th. TIME O HOUR A P.	M. MONTH	DAY YEAR	211 HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)			
attendir fter this os the bu h and M orked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE		
hospital or user ept of Health is ma		sow the deceased alive on November 16 19 7 9 ond that in (my) (our) opinion death occurred on the date and hour and from the above. (1) (we) (did) (did not) view the body after death.										SIGNED		
obrination of the State Desired of the State Desired Order of the State Order of the Ord		276 PHYSICIAN'S NAME GLCIN F.M	(TYPE OR PRINT)		JR, M.F.)	MD ATTENDING PHYSICIAN P. 220 ADDRESS 810 TOH Homes			IAN 🗌		21701		
Bb———	-	BURIAL CREMATION, REM SPECIFY) BURIAL	NOVAL 236	DATE NOV . 1	8,1979	CHIZU	EMETERY OR CREMATORY JK AMUNO	1734. LOCA CITY O BA	TION LTIMO	RE	COUNTY	YLAND		
DHMH-16 20M (VRA 15, 4) 7/7B	24 F	UNERAL DIRECTOR SO 10 AREISTERST	L LEVI OWN RD	NSON BAI	G BRUS.	, INC. 21	215 I	E REC'D. BY R		1 1 1	PAR'S SIGNAT	rechange		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ASE TESTS			Willia		Curtis			Villis		DEATH MATED	X II	251019	5 Am
PLE	3 SE)		4. RACE	5 DATE OF BIRTH		6 AGE (IN YEAR				DATE RONOUNCED	MONTH	DAY YEAR	2d HOUR
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MD. 21201 SATH. IF ANY DEL S 1. 2, AND 3 TO S 10 2 SHOULD BE VITAL RECORDS.	USUA 13a. S	L RESIDENCE (IF IN NURSING HOME COUN	R OTHER INSTITUTION,	GIVE RESIDENCE	OR TOWN	N)	13d. INSIDE CITY LIMITS?	113e. STREE	T ADDRESS	Telfan/		
FETAND SHOULD SH		Md.	Fred	erick	Fred	erick		YES NO		2 Basford	Rd.		
D. 2 P. 3 P. 3 P. 3 P. 3 P. 3 P. 3 P. 3 P. 3	14. FA	THER'S NAME		MIDDLE		AST		15. MOTHER'S MAI		WIDDLE		LAST	
E ATH FEATH NND 2			?	MIDDLE		n31		Evely		Minor	Т	errell	
NOR NOR NOR NOR	16a. V	AS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SOC	IAL SECURITY	NO.	17. INFORMANT		ADDRE		Basford	i Rd.
BALTIMORE, ME JURS AFTER DEATH B. GIVE PAGES 1 WITH FORM PM T. PAGES 1 OPVISION ORVITA OPVISION ORVITA	,,,,	S. NO. OR UNKNOV	Vietn	am Confl:	ict 4	28-68-	6301	Mrs. Do	rothy 1	L. Willis	Fre	derick,	Md.
B. GIVES AF WITH WITH TILL PAGE DIVISION		18. CAUSE OF	DEATH (Enter on	ly one couse per lig			1					APPROXIMATE BETWEEN ONSET	INTERVAL
Z X X X X X X X X X X X X X X X X X X X	1	PARTIDE	ATH WAS CAUSE	BY:	Mul	tigle	IN	rema				BETWEEN ONSET	AND DEATH
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DIVISION S CERTIFIC RITING TH REDED TO RES SHOUL E DEPART,	MEDICAL	21d. INJURY O		21e PLACE		(AT HOME,	21f LO	CATION					-
DIVISION IIS CERTIFIC WRITING TH WRITING TH GE 3 SHOUL TE DEPART.	X	WHILE AT WORK	NOT WHILE	STORET, EA	CTORY, FARM, ET	C.)	S	TREET /		CITY OR TOWN	10 1 cou	DOY'S	75TAV
T>5448						-	1	4010			when	4	
		22¢. I certif	y that I taak charg	e of the remains d	-		Autop				ond in my opi	inion	
MINE TIFICA BE FO ECTOR		death resulte	d fram: Natur	ral causes L.J.,	Accident	Suit	cide	, Hamicide	. Undeter	mined manner			
EXAN CERT CERT DILD DIRE WITH		ACTUAL	165h	1 DO	herev.	-		Deput	1.7		DATE	11/2	1m.
THE ATTH		SIGNATURE_	100	U			M			al examiner 11 House	SIGNE	0 11/11	119
MEDICAL CUTE THE SE 4 SHC FUNERAL TIMORE, A		EXAMINER'S	NAME Robe	ert J. '	Thoma	s, M.							
TO M EXECU PAGE PAGE AFTER BALTIV		(TYPE OR PRIN				v v				ick, Md.	21/	ĴΤ	
	23a.B	URIAL, CREMAT PECIFY) rematio	ION,REMOVAL 1					R CREMATORY	23d. LOC CITY OF	RION	COUN		ATE
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DHMH - 17 (VR A15 ME (5))				r, Rt.40	S Fred	erick.	Md.		DEC	. 60170	party	1377 C	mody
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FOR

REGISTRAR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH' AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE LAST 2ª DATE OF DEATH 2b. HOUR 19 :00 A M A AGE LIN YEARS LAST BIRTHDAYS IF UNDER LYEAR IF UNDER 24 HRS HQUR5 BALTIMORE CITY OR COUNTY OF DEATH Frederick County, 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Retail 270-A Dill Avenue Railing Mr. Raymond R. Zimmerman. Ave., Frederick, Maryland APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 COUNTY STATE .. and that in (my) (purpopinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Jr. MD 804 Toll House Ave., Frederick, Md. 29.1979 Mt. Olivet Cemetery Frederick Frederick Md. 24 Shelt the Pade legislandy Bastord Huneral Homete Rec'd. By Registrar 23b. Registrar 25b. Regi Church St., Frederick, Md.

.... resumptible delegators Linder Music Dolle teller teller in the introduct deleners Tenney Lite and English and English and Administration of the Construction Interest to the second of the an east of the man and the mind of the control of t Later Committee of the Committee of the

LOTES . DA., DECEMBER (. 61 TOPE . E.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7	9	2	8	1	8	
CERTIFICATE OF DEATH		BEC NO					

	1-	FOR STATE REGISTRAR			DEPA		HEALTH AND FICATE OF	MENTAL HYG DEATH		REG. NO.	2	8	1	8	1	
		EASED NAME	FIRST	-	MIDDLE		LAST	10-2-11	20. DATE OF	DEATH MO			YEAR	2h. HOU	JR	
	(IVPE C	OR PRINT	Wilma		Irene		Zimmern	an		Nov.	9,	1979	_	3:25	PM	
	3. SEX			4. RACE		5. DATE	OF BIRTH	YFAR	6 AGE (IN YE	ARS LAST BIRTHDA	AYI	MONTHS .	DAYS	IF UNDER	MIN.	
		Female		White			pt. 11	1890		89	YRS.					
		THPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY?	ED NEVER	MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DE	ATH			
1	ÇO	I I	Md.	U.S.		WIDOW	ED D	NORCED		ederic					MD	
0		addock I		11. NAME OF I	H FACILITY, GIVE S'			NOITUTITE	120 USUAL ((TYPE OF WORK House	OCCUPATION FOR MOST OF WI WIFE	I ORKING LII		KIND O USTRY	F BUSIN	ESS OR	
1	USUA 130. S1	L RESIDENCE (III	13b COU	other institution of the derick	13c CITY OR I	BEFORE ADMISSION TOWN Prsvill	13d INSIDE	CITY LIMITS?	130. STREET .	ADDRESS A Main	St.					
C		THER'S NAME FIRST Charles	I	MIDDLE Henry	LAST	rout	15. MOTHER	s maiden Na First Cora	ME	MIDDLE	tell	_e	An	ders	3	
)	16a. W	AS DECEASED	EVER IN U.S. AF	MED FORCES?	166. SOCIAL S	SECURITY NO.	17 INFORM	ANT		ADDRESS			di.			
	(4	NO OR UNKNOW	(IF YES, GIV	E WAR OR DATES	215-10	0-2516-	I Mrs	. Charl	otte B	Best,	Walk			e Mo	_	
		- / -	stoting the cause last.	(b)_	11000	EQUENCE OF	ecero		VILL MINAL DISEAS	LE OL	S TION GI	VEN IN	80 10	of Cz	145	
2	CERTIFICATION	190. DATE OF O	PERATION	19b. COND	OITION FOR WI	HICH OPERATI	ON WAS PERF	ORMED	20a AUTO		N CERTI			NGS USE OF DEA	TH?	
9	MEDICAL CERT	(IF EITHER, NOTIFY	G CAUSE OF DE) P	.M. MONTH	DAY YEA	R		RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)							
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21d. NOT WHILE AT WORK 21d. NOT WORK 21d.								CITY OR TOWN	,	cou	YIMI		STATE	
		22a. I certify that (I) (this haspital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10												9, that (I). (we) lost and from the couses stated		
1		22d. PHYSICIAN	N'S NAME (TYPE	OR PRINT) SOTT	BR	IFE	22e ADDR	PHYSICIAN [ler:	sou		Tu	d		1	
		BURIAL, CREMA SPECIFY Bur			13, 1979			e CREMATORY, Bry		ATION ORTOWN Lkersvi	ille	COUNT	ed.		Md.	

DHMH - 16 25M

BP.

retained by the haspital or attending physician. ATTENDING

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other traumotic event, the medicol examiner

(VR A 15 (4)) 9/74

REGISTRAR 256. REGISTRAR'S 250 PATE REC'D BY G. Douglas Stauffer, Rt. 10, Frederick, Md. 2170

oner secondo: con contrato de contrato de